

This form must be completed by officeholders, candidates, and recipient committees that wish to terminate pursuant to Government Code Section 84214.

Officeholders and candidates file an original of this form with the filing officer with whom they file the originals of their campaign statements.

Committees file an original of this form with the Secretary of State and, if applicable, a copy with the local filing officer.

CALIFORNIA  
1991 FORM 415

A For Official Use Only

RECEIVED

93 AUG -2 PM 3:16

JENNIFER W. BARRON

CITY CLERK

### I Officeholder or Candidate Termination

NAME OF OFFICEHOLDER OR CANDIDATE

RESIDENTIAL OR BUSINESS ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

AREA CODE/PHONE NUMBER

### II Information on Office Sought or Held

OFFICE SOUGHT OR HELD

LOCATION (IF APPLICABLE)

DISTRICT NUMBER (IF APPLICABLE)

EFFECTIVE DATE OF TERMINATION

### III Verification

I have used all reasonable diligence in preparing this statement. I have ceased to receive contributions and make expenditures; do not anticipate receiving contributions or repayments of outstanding loans made to others or any other receipts, or making expenditures in the future; have eliminated or declare that I have no intention or ability to discharge all debts, loans received, and other obligations; have no surplus funds; and have filed all campaign statements required by the Political Reform Act disclosing all reportable transactions. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on \_\_\_\_\_ At \_\_\_\_\_  
DATE CITY AND STATE

By \_\_\_\_\_  
SIGNATURE OF OFFICEHOLDER OR CANDIDATE

NOTE: Additional filing obligations will be incurred if an officeholder, candidate, or committee begins raising or spending funds or receives the forgiveness of a loan or repayments of loans made to others or any other receipts.

FOR INFORMATION REQUIRED TO BE PROVIDED TO YOU PURSUANT TO THE INFORMATION PRACTICES ACT OF 1977, SEE INFORMATION MANUAL ON CAMPAIGN DISCLOSURE PROVISIONS OF THE POLITICAL REFORM ACT

### I Recipient Committee Termination

NAME OF COMMITTEE

LD. NUMBER

ADDRESS OF COMMITTEE (NO. AND STREET)

CITY STATE ZIP CODE

AREA CODE/PHONE NUMBER

### II Treasurer Information

NAME OF TREASURER

PERMANENT ADDRESS OF TREASURER (NO. AND STREET)

CITY STATE ZIP CODE

AREA CODE/DAYTIME PHONE NUMBER

EFFECTIVE DATE OF TERMINATION

### III Verification

I have used all reasonable diligence in preparing this statement. This committee has ceased to receive contributions and make expenditures; does not anticipate receiving contributions or repayments of outstanding loans made to others or any other receipts, or making expenditures in the future; has eliminated or declares that it has no intention or ability to discharge all debts, loans received, and other obligations; has no surplus funds; and has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on \_\_\_\_\_ At \_\_\_\_\_  
DATE CITY AND STATE

By \_\_\_\_\_  
SIGNATURE OF TREASURER

Executed on 8-2-93 At Lodi Ca  
DATE CITY AND STATE

By Cheryl E. Reinke / Proponent  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on 8-2-93 At Lodi Ca  
DATE CITY AND STATE

By Penelope Miller / Proponent  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ At \_\_\_\_\_  
DATE CITY AND STATE

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

State of California Fair Political Practices Commission

8/2/93 originals and 1 copy were mailed to Registrar of Voters Office